

# EVALUATION - VIOLATION - ENFORCEMENT FORM

590

CW 1/28/93

Handler ID Number	Handler Type	Date Submitted
W:V:D 9:8:8:7:7:5:2:1:9	LDF[ ] TSF[ ] INC[ ] LQG[ ] SQG[X] TRA[ ]	0:1:1:3:9:3

Handler Name: CSX Transportation (Hinton)

Street: <span style="border: 1px solid black; padding: 2px;">5th Street and Commercial Avenue</span>	City: <span style="border: 1px solid black; padding: 2px;">Hinton, WV</span>
--	--

EVALUATION		Add <input checked="" type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>
Date	Number	Agency	Type	Reason
0:1:1:1:9:3		S	C: E: I	
				Branch
				C M
				Person
				J R F

AREAS OF EVALUATION ( E - Evaluated NE - Not Evaluated NA - Not Applicable )

GER	GPT	TGR	DCH	DGW	DMC	DPP	CAS
GGR	GRR	TMR	DCL	DIN	DMR	DSI	FEA
GLB	GSC	TOR	DCP	DLB	DOR	DTR	CSS
GMR	GSQ	TRR	DFR	DLF	DOT	DTT	
GOR	GEX	TWD	DGS	DLT	DPB	DWP	

Comments: Manifests not onsite. Presently C.E.S.Q.G.

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION

Agency	Number	Area	Date Determined	Agency	Number	Area	Date Determined

VIOLATION		Add <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Link to Above Evaluation? (Y/N)
Agency	Number	Area	Class	Regulation Type	Regulation Citation
Date Determined	Priority	Branch	Person	Returned to Compliance	
				Scheduled	Actual

Comments:  

VIOLATION		Add <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Link to Above Evaluation? (Y/N)
Agency	Number	Area	Class	Regulation Type	Regulation Citation
Date Determined	Priority	Branch	Person	Returned to Compliance	
				Scheduled	Actual

Comments:

Handler ID Number	Handler Name
V: D: 9: 8: 8: 7: 7: 5: 2: 4: 9	CSX Transportation (Hinton)
VIOLATION	
Add	Change
Delete	Link to Above Evaluation? (Y/N)

Agency	Number	Area	Class	Regulation Type	Regulation Citation
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Date Determined	Priority	Branch	Person	Returned to Compliance	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Scheduled	Actual
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments					

VIOLATION					
Add	Change	Delete	Link to Above Evaluation? (Y/N)		
Agency	Number	Area	Class	Regulation Type	Regulation Citation
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Date Determined	Priority	Branch	Person	Returned to Compliance	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Scheduled	Actual
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments					

VIOLATION					
Add	Change	Delete	Link to Above Evaluation? (Y/N)		
Agency	Number	Area	Class	Regulation Type	Regulation Citation
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Date Determined	Priority	Branch	Person	Returned to Compliance	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Scheduled	Actual
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments					

ENFORCEMENT						
Add	Change	Delete				
Date	Number	Agency	Type	Branch	Person	Attorney Initials
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Penalty Assessed \$		Settled \$				
<input type="text"/>		<input type="text"/>				

POLLUTION PREVENTION ENFORCEMENT COMPONENTS COVERED BY THIS ACTION			
PPE - Pollution Prevention	<input type="checkbox"/>	EAE - Environmental Auditing	<input type="checkbox"/>
PRE - Pollution Reduction	<input type="checkbox"/>	EPE - Environmental Public Awareness	<input type="checkbox"/>
ERE - Environmental Restoration	<input type="checkbox"/>	(mark only one in this section)	

VIOLATIONS COVERED BY ABOVE ENFORCEMENT ACTION							
Agency	Number	Area	Date Determined	Agency	Number	Area	Date Determined
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PENALTY PAYMENTS			
Date	Amount	Date	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Comments			



DEPARTMENT OF COMMERCE, LABOR & ENVIRONMENTAL RESOURCES  
**DIVISION OF ENVIRONMENTAL PROTECTION**

1356 Hansford Street  
Charleston, WV 25301-1401

Gaston Caperton  
Governor

John M. Ranson  
Cabinet Secretary

January 22, 1993

David C. Callaghan  
Director

Ann A. Spaner  
Deputy Director

Joe Goins  
CSX Transportation  
100 Front Street  
Hinton, West Virginia 25951

Dear Mr. Goins:

Enclosed is a copy of the **Compliance Evaluation Inspection (CEI) Report** completed on your facility by a representative of the Chief from the Office of Waste Management. This report is based on the inspection conducted on January 11, 1993.

There were no areas of non-compliance with the appropriate Hazardous Waste Management Regulations documented during the inspection.

Thank you for your assistance and cooperation during this inspection. If you have any questions concerning the inspection or attached report, please feel free to contact this office at (304) 558-5989.

Sincerely,

H. Michael Dorsey, Assistant Chief  
Compliance Monitoring/Enforcement  
Office of Waste Management

kw

Enclosure

cc: ~~Jeanne Schold, U.S. EPA, Region III~~  
John Fredericks, Inspector  
File

INSPECTION FACT SHEET

COMPANY NAME: CSX TRANSPORTATION

ID#: WVD988775219

MAILING ADDRESS: 100 FRONT STREET  
HINTON, WV 25951

FACILITY TYPE: CESQG

LOCATION: 5TH STREET AND COMMERCIAL AVENUE  
HINTON, WV

COUNTY: SUMMERS

COMPANY CONTACT: MR. JOE GOINS

HANDLING CODES:

PHONE: (304) 466-2164

PURPOSE: Compliance Evaluation Inspection

APPLICABLE REGULATIONS: West Virginia Hazardous Waste Management Act, Chapter 20 - 5E and 40 CFR, Parts 260-265.

LIST OF CHEMICALS:

[For Small Quantity Generators, list amount of waste, how it is handled and where it goes.]

D002/D006/D009 WASTE BATTERIES - APPROX. 121 LBS/MONTH - RECOVERY AND RECLAMATION, INC. 2902 BALMORHEA HWY., PECOS, TX. 79772

DATE INSPECTED: JANUARY 11, 1993

VIOLATIONS\_\_\_\_\_

NO VIOLATIONS\_\_\_X\_\_\_

INSPECTORS: (1) John R. Fredericks

(2)

(3)

DATE PREPARED: January 12, 1993

PREPARED BY: John R. Fredericks

## INSPECTION REPORT

I conducted an unannounced Compliance Evaluation Inspection at the CSX Transportation facility at 100 Front Street in Hinton at 11:25 am on January 11, 1993. Upon my arrival I contacted Mr. J.E. Petty, trackmaster, to whom I presented my credentials and explained the purpose of the inspection. Mr. Petty was not immediately aware of any hazardous waste generated at the facility but accompanied me to the mechanics shop at 5th and Commercial Streets. This is the generation site, according to their notification.

Next to the mechanics shop is an old electrical substation which is fenced in and contains three hazardous waste containers and two old transformers. At that time Mr. Joe Goins, CSX signal maintainer, arrived at the site. Mr. Goins informed me that the containers were for waste batteries from signal lights along the tracks between Hinton and Montgomery.

These waste batteries are generated irregularly and stored at the site described above and are occasionally picked up and recycled. I accompanied Mr. Goins to the Front Street offices where we contacted the CSX Director of Engineering in Jacksonville, Fla. and requested that applicable hazardous waste manifests for these waste batteries be faxed to my office in MacArthur.

### AREA OF CONCERN

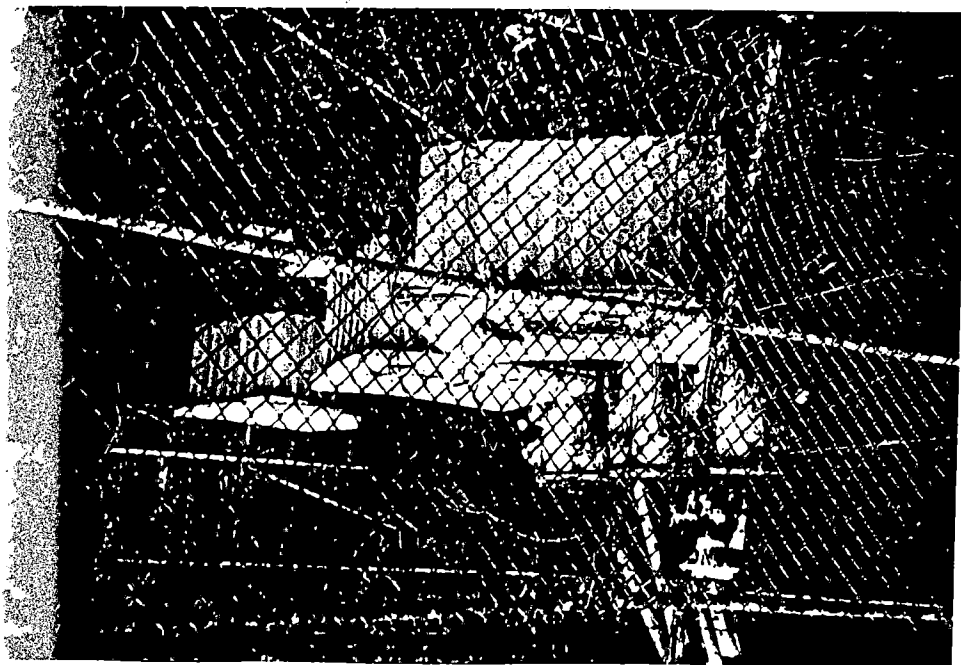
1. Copies of Hazardous Waste Manifests for any wastes generated on site should be kept on site.

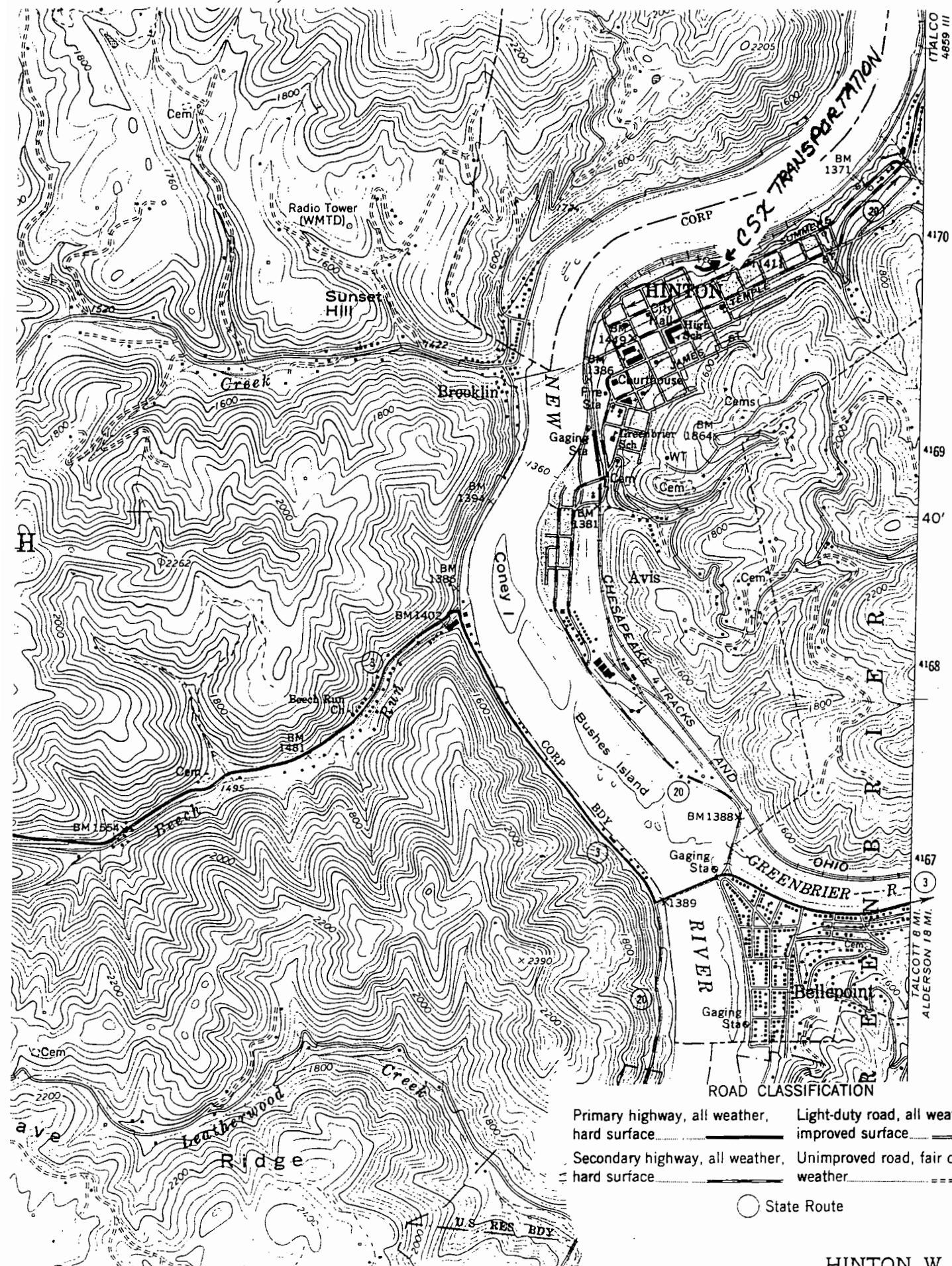
2. Hazardous waste labels on the three containers at the site were illegible. This is not being considered a violation at this time because the manifests supplied indicated that the Hinton facility is presently a Conditionally Exempt Small Quantity Generator. Should the weight of waste batteries exceed 220 pounds in a one month period the facility would be required to have legible labels on their hazardous waste containers, and to post emergency information required by the regulations for Small Quantity Generators.

It is recommended that CSX familiarize themselves with SQG requirements.

#### VIOLATIONS

There were no violations of WV State Hazardous Waste Regulations observed during this inspection.

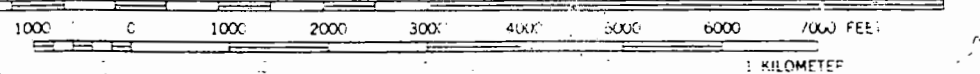




- |   |   |
|---|---|
| Primary highway, all weather,<br>hard surface   | Light-duty road, all weather,<br>improved surface |
| Secondary highway, all weather,<br>hard surface | Unimproved road, fair or dry<br>weather           |
| ○ State Route                                   |   |

SCALE 1:24000

HINTON, W. VA.  
NW/4 BIG BEND 15' QUADRANGLE  
N3737.5—W8052.5/7.5



1968  
PHOTOREVISED 1976  
U.S. GEOLOGICAL SURVEY



change name, mailing address, contact, contact address, owner, owner address, type  
add waste codes

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM  
MAINTENANCE FORM FOR EPA NOTIFICATION

I. EPA-ID# WV10988775219 Date: 5-29-96

II. FACILITY NAME CSX transportation

**NEW FACILITY NAME**

Name Change \_\_\_\_\_

**III. LOCATION OF INSTALLATION**

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County Code \_\_\_\_\_ County Name \_\_\_\_\_

**IV. INSTALLATION MAILING ADDRESS**

Street 500 Water St J340

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**V. INSTALLATION CONTACT**

Last Name Hicks First C. E.

Job Title Dir Env Op Phone # (904) 359-4800

**VI. INSTALLATION CONTACT ADDRESS**

Street 500 Water St J340

City/Town Jacksonville State FL Zip 32202

**VII. OWNERSHIP**

Name of Legal Owner CSX transportation

Street 500 Water St.

City/Town Jacksonville State FL Zip 32202

Phone # (904) 359-4800 Land Type \_\_\_\_\_ Owner Type \_\_\_\_\_

**IX. WASTE CODES**

Delete Old Waste Codes


Add New Waste Codes


Updated in RCRIS by: HST Date: 5-30-96

### VIII A. Hazardous Waste Activity

- |    | Type   | RCRA Reg.<br>Status  | RCRA Reg.<br>Desc. |
|----|--|--|--------------------|
| 1. | Generator  | _____  | _____              |
| 2. | Transporter  | _____  | _____              |
| 3. | TSD  | _____  | _____              |
|    | Mode of Transportation for Transporter                     |  |                    |
|    | Air _____ Rail _____ Highway _____ Water _____ Other _____ |  |                    |
| 4. | <u>HWF Burner/Blender:</u>                                 |  |                    |
|    | B  | Boiler and/or Industrial Furnace (BIF) only.   |                    |
|    | D  | BIF only; Smelter Deferral.  |                    |
|    | E  | BIF only; Small Quantity Exemption Claimed.  |                    |
|    | N  | Not a Burner/Blender, Verified.  |                    |
|    | X  | Other Burner/Blender Activity.   |                    |
|    | Blank  | Unverified.  |                    |
| a. | <u>HWF Marketing to Burner:</u>                            |  |                    |
|    | X  | Code indicates that the Handler is a generator engaged in marketing burners of hazardous waste fuel activities.  |                    |
| b. | <u>HWF Other Marketers:</u>                                |  |                    |
|    | X  | Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.                      |                    |
| c. | <u>HWF Boiler/Industrial Furnace:</u>                      |  |                    |
|    | B  | Boiler and/or Industrial Furnace (BIF) only.   |                    |
|    | X  | Indication of Activity.  |                    |
| 5. | <u>Underground Injection Control:</u>                      |  |                    |
|    | X  | Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation. |                    |

### VIII B. Used Oil Recycling Activities

1. Used Oil Recycling Activities
- a. Used Oil Marketer to Burner:
- X Marketer directs shipments of used oil to burners.
- b. Used Oil Other Marketer:
- X Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to UO refinery).
2. Used Oil Burner:
- X Indication of Activity.
- Burner Types:
- |                        |                   |                    |
|------------------------|-------------------|--------------------|
| Utility Boiler         | Industrial Boiler | Industrial Furnace |
| H=Hazardous Waste Fuel | U=Used Oil Fuel   | B=Both             |
3. Used Oil Transporter:
- T=Transporter F=Transfer B=Both
4. Used Oil Processor/Re-refiner:
- P=Process Only R=Refine Only B=Both

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification (Complete Item C)

### C. Installation's EPA ID Number

W V D 9 8 8 7 7 5 2 1 9

## II. Name of Installation (Include company and specific site name)

C S X T R A N S P O R T A T I O N

## III. Location of Installation (Physical address not P.O. Box or Route Number)

### Street

F I F T H A N D C O M M E R C I A L A V E

### Street (Continued)

### City or Town

H I N T O N

### State

### Zip Code

W V 2 5 9 5 1 -

### County Code

### County Name

0 8 9 S U M M E R S

## IV. Installation Mailing Address (See Instructions)

### Street or P.O. Box

5 0 0 W A T E R S T R E E T J 3 4 0

### City or Town

J A C K S O N V I L L E

### State

### Zip Code

F L 3 2 2 0 2 -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

### Name (Last)

### (First)

H I C K S

C . E .

### Job Title

### Phone Number (Area Code and Number)

D I R E C T O R E N V O P 9 0 4 - 3 5 9 - 4 8 0 0

## VI. Installation Contact Address (See Instructions)

A. Contract Address  
Location Mailing Other

### B. Street or P.O. Box

☐ ☒ ☐

### City or Town

### State

### Zip Code

## VII. Ownership (See Instructions)

### A. Name of Installation's Legal Owner

C S X T R A N S P O R T A T I O N

### Street, P.O. Box, or Route Number

5 0 0 W A T E R S T R E E T

### City or Town

J A C K S O N V I L L E

### State

### Zip Code

F L 3 2 2 0 2 -

### Phone Number (Area Code and Number)

9 0 4 - 3 5 9 - 4 8 0 0

### B. Land Type

### C. Owner Type

### D. Change of Owner Indicator

### (Date Changed)

P

P

Yes

X No

Month Day Year

RECEIVED

ID - For Official Use Only

MAY 06 1996

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity  
Office of Waste Management

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treatment, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☒
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☒
- D 0 0 6

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Charles E. Hicks

Name and Official Title (Type or print)

C. E. Hicks  
Director Environmental Operations

Date Signed

April 23, 1996

## XI. Comments

Please change the Installation Contact and the Installation Contact Address as noted.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)







ID — For Official Use Only												
C											T/A	C
W												1

# X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Products-Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable  
(D001)

☒ 2. Corrosive  
(D002)

☒ 3. Reactive  
(D003)

☐ 4. Toxic  
(D000)

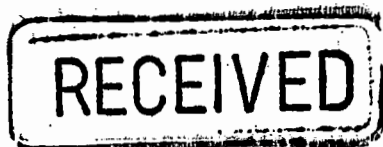
# XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature  
*W. M. Cummings*

Name and Official Title (type or print)  
W. M. Cummings  
DIRECTOR ENVIRONMENTAL

Date Signed  
11-14-90



DEC 20 1990

RECEIVED

NOV 21 1990

NATURAL RESOURCES

## 9. Generation Activity

Description of Waste(s) (Example Waste Naphtha)	Hazardous Waste Number(s) (Example D001)	Total Amount Generated (Example .5 tons)	Storage Method (Example 1 Drum)
SPENT SIGNAL	D002-D006	2.1 TONS	STORAGE
BATTERIES			CONTAINERS

10. Transporter      Transporter EPA I.D. #

ENVIRONMENTAL REMEDIATION SERVICES      FLD 984178152

11. Treatment or disposal facility      EPA I.D. #

BASALT INDUSTRIAL, INC      TXD 981514268

MIDWEST GUARDIAN      OH D048782049

12. Do you recycle any of your wastes on site?

Yes ☐ No ☒

13. If the answer to 12 is yes, what waste(s) was recycled and how did you recycle?      N/A

14. Quantity of Hazardous Waste shipped off site      2.1

15. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Liam M. Cummings, P.E.

Director Environmental

214-48-0762

S.S.#

Signature of Authorized Representative

Date/signed

# 0007

JUL 02 1992



1991  
**WEST VIRGINIA SMALL QUANTITY GENERATOR  
HAZARDOUS WASTE ACTIVITY REPORT**

1. Generator's EPA I.D. Number WVD988775219
2. Name of Installation CSX Transportation (Hinton)  
(If Installation has changed its name in 1991, list new name:)
3. Installation Location  
Street or Route Number 5th AVE, E COMMERCIAL  
City HINTON State WV Zip 25951  
County SUMMER S
4. Installation Mailing Address  
Street or P.O. Box 506 WATER STREET  
City JACKSONVILLE State FL Zip 32202
5. Installation Contact  
Name William M. Cummings Title DIRECTOR ENVIRONMENTAL  
Telephone Number 904-354-1986
6. Standard Industrial Classification  
(SIC) Code 4011  
(Please refer to instructions for a list of most frequently used)
7. Description of business RAILROAD
8. Hazardous Waste Generation Status  
A. ☐ Non-Handler  
B. ☐ Conditionally Exempt Small Quantity;  
Produced no more than 100 kg/month (220 lbs. or 25 gallons)  
of hazardous waste or no more than 1 kg/month (2.2 lbs.) of acutely  
hazardous waste.  
C. ☒ Small Quantity Generator;  
Produced more than 100 kg/month (220 lbs. or 25 gallons) but  
less than 1000 kg/month (2,200 lbs. or 300 gallons) of hazardous  
wastes or no more than 1 kg/month (2.2 lbs.) of acutely  
hazardous waste.

**RECEIVED**

JAN 13 1992

# RCRIS MAINTENANCE FORM FOR STATE AND EPA UNIVERSE INFORMATION

EPA ID

WV D 9 8 8 7 7 5 2 1 9

Facility Name

CSX Transportation

Waste Activity	Source	Type	RCRA Reg Status	RCRA Reg Description	Notification Date
Generator	E <del>N</del>	<u>2</u>	<u>R</u>		<u>1/8/92</u>
TSD	E				
	S				
Transporter	E				
	S				
Burner	E				
	S				

## Process Code Information

Source **E** or **S** (circle correct one)

PROCESS CDE/SEQ	COMM AVAIL	AMT TYPE	STATUS	AMOUNT	UOM	NO. OF UNITS	REPORT DATE

Inspection report/documentation on which changes are based:

1/8/92 WV SQG HW Activity Report

Batch Number:

# 0008

Date to CSC:

JUL 02 1992

Date QA'ed:

7/23/92

\*\*\*\*\*
RCRIS: Notification View Screen 4A of 6
EPA ID: WVD988775219 Other ID: Source: N
Waste Activity Type RCRA Reg RCRA Reg State Reg State Reg
Status Desc Status Desc
HW Generator: 2 R
HW TSD:
HW Transporter:
Transport Mode: Air: Rail: Highway: Water:
Other:
HW Burner/Blender:
NHW Used Oil Recycler:
Underground Injection Control:
Recycler:
\*\*\*\*\*
Enter-Continue F1-Previous Screen F3-Exit F8-Help
\*\*\*\*\*
RCRIS: Notification View Screen 5 of 6
EPA ID: WVD988775219 Other ID: Source: N
Hazardous Waste Codes: Specific/Non-Specific/Commercial/Chemical
D002 D003
\*\*\*\*\*
Enter-Continue F1-Previous Screen F3-Exit
F8-Help F9-First F10-Next
\*\*\*\*\*



ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+  
HVD988775219

06/04/96

INSTALLATION ADDRESS

CSE TRANSPORTATION  
500 WATER ST J340  
JACKSONVILLE, FL 32202  
C E HICKS DIR ENV OP

5TH AVE & COMMERCIAL AVE  
HINTON, WV 25951